



TOWN OF STERLING

APPLICATION FOR ONE DAY ALCOHOLIC LIQUOR LICENSE

NAME OF ORGANIZATION/PERSON REQUESTING PERMIT: _____

ADDRESS: _____

PERSON RESPONSIBLE FOR LICENSE: _____

ADDRESS AND PHONE # OF MANAGER ON PREMISE: _____

ADDRESS AND PHONE # WHERE LICENSE IS TO BE USED:

Location: _____ Phone: _____

Indoors

Outdoors

DATE LICENSE IS TO BE USED: _____

HOURS LICENSE IS TO BE USED: _____

LICENSE IS FOR THE SALE OF ___ ALL ALCOHOLIC BEVERAGES ___ WINE AND BEER

___ WINE ONLY ___ BEER ONLY

TYPE OF FUNCTIONS: (Please check type)

DINNER ___

DANCE ___

MUSIC EVENT ___

RAFFLE ___

OTHER _____

By signing below, the applicant agrees to abide by all ABCC* and Town of Sterling bylaws and regulations**.

Signature of Officer

Date filed

Corporation #

Email

* <http://www.mass.gov/abcc/>

** <http://www.sterling-ma.gov/town-clerk/pages/bylaws-regulations>



R.E.A.P FORM

Please PRINT
ALL information is required

Revenue Enforcement and Protection

I certify, under penalties of perjury, that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

By: _____
Individual or Corporate Name)

Corporate Officer : _____ (Signature of
(mandatory, if applicable)

Social Security # (voluntary)

Federal Identification #

This license will not be issued unless this certification clause is signed by the applicant.

Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. 62C S47A.

Name of Business or Organization

Name of Individual

